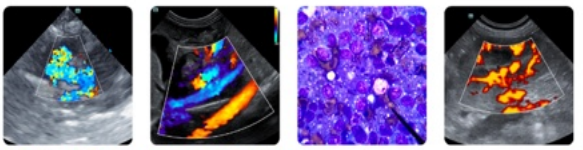

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Zeus Latcham

SPECIES

Canine

BREED

Doberman

SEX

Neutered male

AGE

6 years

WEIGHT

88 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dog and Cat Clinic of Niagara

REFERRING VET

Dr. Aziz

INVOICE

78360

DATE

6/4/26

PRESENTING CLINICAL SIGNS

History: -Early Dilated Cardiomyopathy (DCM): Diagnosed in January 2026. An echocardiogram at that time was described by the owner as being "on the cusp" of the diagnostic criteria.
- Coughing (Started after exposed to dog with kennel cough) A Holter monitor was reported as "essentially normal," with 20 Ventricular Premature Complexes (VPCs) in 24 hours, which is below the threshold of 50 considered significant for an affected dog.
- occasionally coughs up a small amount of phlegm or mucus.
- increased abdominal effort is noted when breathing.
Current Medications
- Onsior 40 mg, Sulcrate 1g/5mL, Baytril 150 mg, Vetmedin 5 mg (had switched from Clavaseptin to Baytril as Clavaseptin wasn't as effecive)
Abnormal PE/Chem/CBC/UA Results: labs and rads attached.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is normal in dimension. The left ventricle is normal in dimension, with normal systolic function. The right atrium and ventricle are normal in dimension, with normal systolic function. The anterior and posterior mitral valve leaflets are appropriately thin with adequate apposition, intact chordae, and there is no significant prolapse. There is no significant mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition, intact chordae, no significant tricuspid regurgitation and no evidence of pulmonary hypertension. The left ventricular outflow tract demonstrated normal laminar flow and the visible aorta is unremarkable. The right ventricular outflow tract assessment revealed normal laminar flow, with appropriate main pulmonary artery diameter and right pulmonary artery distensibility. There is no pulmonic and no aortic valve insufficiency identified. There is no visible pericardial, pleural, or free peritoneal fluid documented. No evidence of hepatic venous congestion is noted. The cardiac chambers, pericardial and visible extra-cardiac regions were free of masses, spontaneous echo contrast, or thrombi.

CANINE CARDIAC PARAMETERS	Body Weight kg	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
NORMAL PARAMETER		50-100			<1.6		
PATIENT	40 kg	110	3.9	NM	1.06	3.12	2.56
CANINE CARDIAC PARAMETERS	**FS**	**EPSS**	**PV V MAX (m/s)**	**AV V Max (m/sec)**	**MR Vmax**	**TR Vmax**	**RPA distensibility (normal >30%)**
NORMAL PARAMETER	28-40	<0.6	0.7-1.6	0.7-1.7	4.5-5.5	< 2.7	
PATIENT	18	0.5	1.5	2.3	NM	NM	NM

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with an essentially normal echocardiogram. While the fractional shortening is mildly decreased, both the ventricular dimensions (systole and diastole) are quite normal, which are more reliable measures of chamber dimension and function. Any murmur will be considered functional in origin. No cardiac cause of the morbidity is identified.

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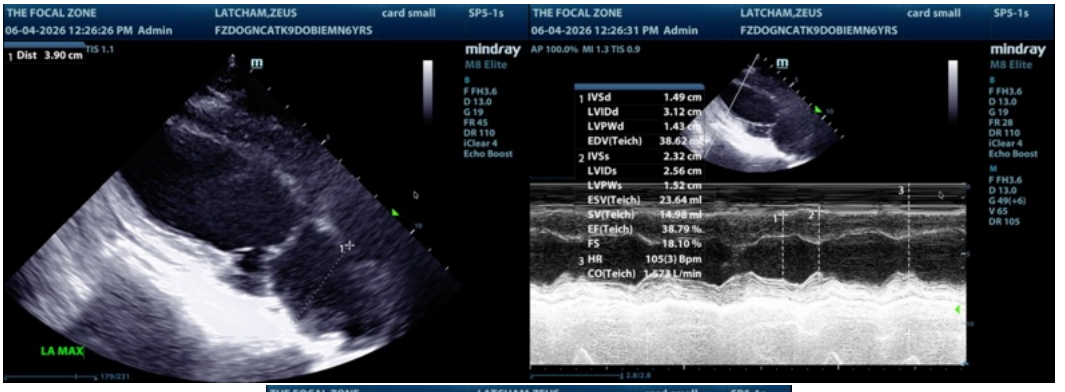
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

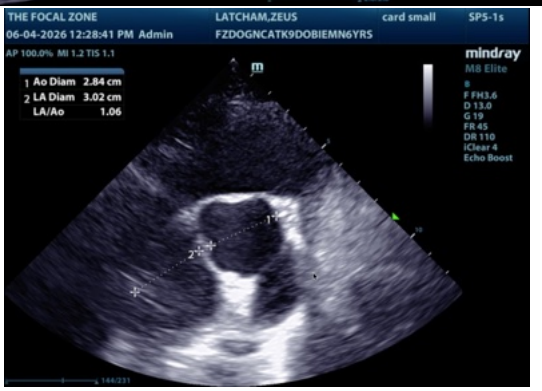
Given these findings, no cardiac therapy is recommended. There are no cardiac contraindications to fluid therapy or corticosteroid therapy, as indicated for further assessment and treatment. Given the breed, a repeat echocardiogram is recommended in 6-12 months, as well as annual Holter examinations to screen for early disease.

Anesthesia considerations:
No special considerations are necessary.

Diet:
No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

Activity:
No special considerations are necessary.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com